

VZCZCXRO6101
PP RUEHGI RUEHMA RUEHROV
DE RUEHKH #1018/01 1771434
ZNR UUUUU ZZH
P 261434Z JUN 07
FM AMEMBASSY KHARTOUM
TO RUEHC/SECSTATE WASHDC PRIORITY 7735
INFO RUCNFUR/DARFUR COLLECTIVE PRIORITY
RUEHRN/USMISSION UN ROME

UNCLAS SECTION 01 OF 02 KHARTOUM 001018

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SUBJECT: DARFUR - HUNGER SEASON BRINGS CHRONIC BUT STABLE NUTRITION
EMERGENCY

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SUMMARY

(U) The overall nutrition situation across Darfur remains relatively stable in the approach to the rainy season, with most indicators in line with seasonal trends, according to the UN Children's Fund (UNICEF). However, worrisome mortality rates, pockets of high global acute malnutrition, and limited humanitarian presence in some areas of displacement reflect the continued need to address the underlying causes of malnutrition through water, sanitation, and hygiene interventions, as well as programs targeting child care practices. End summary.

OVERVIEW

¶1. (U) Available indicators on malnutrition, including new admissions to feeding centers, food security levels, and sentinel site data, indicate a generally stable nutrition situation in Darfur as compared to the same time last year. Exceptions include areas in South Darfur currently receiving newly internally displaced persons (IDPs), Kalma IDP camp, and Kabkabiya town.

¶2. (U) At the approach of the rainy season and the start of the hunger gap, relief agencies reported 5,039 new admissions to supplementary feeding centers (SFCs) across Darfur in March and April, up from 3,262 in January and February. Admissions to therapeutic feeding centers (TFCs) more than doubled over the same period, from 593 to 1,233. South and West Darfur account for the largest increases in admissions. UNICEF notes that these figures are consistent with reports during the same period in 2006. At a June 7 nutrition coordination meeting in Khartoum, non-governmental organizations (NGOs) reported that May admissions reflect expected seasonal trends. Mean weight-height scores gathered at sentinel sites indicate the anticipated slight deterioration in nutritional status that occurs at the start of the hunger season.

¶3. (U) Localized nutrition surveys in March through May reveal global acute malnutrition (GAM) at or exceeding emergency thresholds in areas of recent displacement in South Darfur. In addition, UNICEF

notes that crude mortality rates at or above alert levels in three out of four localized surveys covering portions of South and West Darfur are potentially of concern. UN agencies and NGOs emphasize the need to address underlying causes of malnutrition, such as overall health and access to safe drinking water, through water, sanitation, and hygiene interventions and infant and young child feeding and care programs.

SOUTH DARFUR

¶4. (U) Following poor harvests in 2006 and tribal clashes that led to new displacements, seasonal malnutrition in South Darfur appears to have started in March rather than April or May. Data available indicates increased malnutrition appears "normal" relative to seasonal levels of chronic malnutrition in Darfur. There is no statistically significant difference in malnutrition rates between resident and displaced communities. However, many areas witnessing recent displacement, such as Buram, Ed el Fursan, and southern Tulus, have limited or no NGO presence, resulting in limited data.

¶5. (U) Since March 2007, two rapid assessments and four surveys have been conducted in both IDP and mixed-IDP and resident-populated areas in South Darfur. Most survey results indicate GAM rates below the 15 percent emergency threshold and within expected seasonal ranges. Nyala town and surrounding IDP camps, minus Al Salam, Otash, and Kalma, report GAM of 11.8 percent. Results from Kubum and Tulus are 8.4 percent and 14.1 percent GAM, respectively.

¶6. (U) Rapid assessments in Kalma and Ed Daien indicate emergency levels of malnutrition and should be monitored closely. The nutrition situation in Al Salam camp constitutes a new emergency with the arrival of more than 6,000 new IDPs in May, and an estimated 10,000 arrivals to date in June, many of whom are in poor health. Based on preliminary results from USAID-partner Action Contre la Faim (ACF) in late May, GAM is 23.3 percent with 2.8 percent severe acute malnutrition (SAM). Efforts to stabilize this

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population include hygiene promotion, construction of new latrines, an expanded outpatient therapeutic program for severely malnourished persons, and increased access to water.

WEST DARFUR

¶7. (U) UNICEF reports that admissions to SFCs remain highest in West Darfur, possibly owing to population movement, seasonal illness, and different numbers of SFCs in each state. The higher admission numbers may also stem from the proportionally higher number of reported bloody diarrhea cases in the state.

¶8. (U) Results from localized surveys and sentinel site data in West Darfur point to the need for expanded water, sanitation, and hygiene interventions to prevent and treat illnesses such as diarrhea and malaria. Sentinel site data from March and April indicate that the majority of children under five reported an illness in the previous two weeks, and a localized nutrition survey in For Baranga in February revealed a crude mortality rate above alert levels at 1.21 percent.

¶9. (U) A rapid assessment of new IDP and refugee arrivals in Kenyu, Ramakai, and Koronga in For Baranga locality in May, by USAID partner Save the Children/US, found malnutrition rates below emergency levels. However, information on average weight gain and length of stay in therapeutic feeding programs indicates that many children are recovering slowly, likely due to families sharing the rations among family members beyond the targeted child. Insecurity also leads to particularly high defaulter rates in some localities, posing an additional challenge to recovery.

NORTH DARFUR

¶10. (U) Nutrition survey results, low enrollment in feeding centers, and sentinel site data indicate a generally stable nutrition situation in North Darfur. However, humanitarian assessments of IDP camps and rural areas in April and May recommend close monitoring and nutritional screening of new arrivals. A survey conducted in Kabkabiya at the peak of seasonal malnutrition in June revealed 27 percent GAM and 1.9 percent SAM. Insecurity, including carjackings and attacks on NGOs, continues to hamper nutrition programs in North Darfur.

¶11. (U) In North Darfur, both UN and NGO staff attribute malnutrition to poor diet, hygiene, and sanitation, not to food availability or accessibility. UN agencies and the State Ministry of Health continue to recommend refresher training for nutrition staff and emphasize health promotion to combat malnutrition. USAID field staff note that NGOs are assessing SFC and TFC admission criteria to correct any artificially low criteria.

COMMENTS

¶12. (U) Gaps in available nutrition data persist from insecurity hampering access as well as NGO presence largely based in areas of greatest concern in 2004 and 2005. New displacement within South Darfur and movement of IDPs from Mukjar, Zalingei, and Dafak has created a need for additional nutrition surveillance in currently underserved areas.

FERNANDEZ